Image# 12970534406 PAGE 1 / 6

FEC FORM 1	STATEMENT OF ORGANIZATION								Office Use Only									
1. NAME OF COMMITTEE (ir	n full)		Check if na changed)	me		ple:If ty he line		type	1	2FE	E4M5	5						
Friends of	Rich N	uger	nt							ı								
ADDRESS (number a		PO Box 1	15668															
(Check if a																		
is changed))	Brooksvi	lle 						L	FL 		346	04-01	122]-[
		CITY							ST	ATE				ZIP (CODI	E		
COMMITTEE'S E-MA	AIL ADDRESS		provide onl	-	mail addr	ess)												ı
(Check if is change																		_
COMMITTEE'S WEB	PAGE ADDR	RESS (UF	RL)															
(Check if	address																	
is change																		
2. DATE 03	3 / 13	/ Y	2012															
3. FEC IDENTIFIC	CATION NUM	1BER		C Co	0482281													
4. IS THIS STATE!	MENT	NEW	(N)	OR	×	AM	ENDEI	O (A)										
I certify that I have e	examined this	Stateme	nt and to t	he best	of my kn	owledg	e and	belief	it is t	rue, d	correc	ct and	com	plete				
Type or Print Name	of Treasurer	Lori A. S	Sowers															
Signature of Treasure	Lori A. So	wers			I	Electroi	nically	Filed]	Dat	e	03	M /	1	3	/ Y	20	12	
NOTE: Submission of			mplete info										penal	ties o	f 2 U	l.S.C.	§437(
Office				<u> </u>	F	or furth	er infor	mation	contac	et:				` E		M 4		_

	Office			For further information contact:	FEC FORM 1
ı	Use			Federal Election Commission	
ᆫ	Only			Toll Free 800-424-9530	(Revised 02/2009)